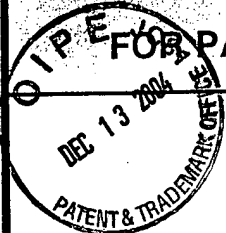


DECLARATION AND POWER OF ATTORNEY

FOR PATENT APPLICATION



☐ Declaration submitted with Initial Filing

☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number

4002-3426/PC819.00

First Named Inventor

Frank J. Schwab

COMPLETE IF KNOWN

Application No.

10/680,358

Filing Date

Oct. 7, 2003

Group Art Unit

3732

Examiner's Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

INSERTION DEVICE AND TECHNIQUES FOR ORTHOPAEDIC IMPLANTS

the specification of which (check one)

☐ is attached hereto.

☒ Was filed on Oct. 7, 2003 as United States Application No. or

PCT International Application No. _____

☐ And was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/416,908	October 8, 2002

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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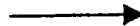
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☐

Customer Number



Place Customer
Number Bar Code
Label Here

OR

☒

Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Douglas A. Collier	43,556		

☒

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to :

☐

Customer Number
Bar Code Label

OR

☒

Correspondence address below

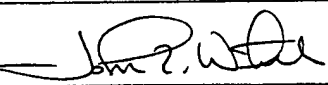
Name	Douglas A. Collier					
Firm Name	WOODARD EMHARDT NAUGHTON MORIARTY & McNETT LLP					
Address	111 Monument Circle, Bank One Tower, Suite 3700					
Address						
City	Indianapolis	State	IN	ZIP	46204	
Country	USA	Telephone	317/ 634-3456	Fax	317-637-7561	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

Given Name (first and middle, if any)	Frank J.	Family Name or Surname	Schwab
Inventor's Signature:		Date of Signature:	10.10.03
Residence: (City, State, Country)	New York, New York USA		
Citizenship:	USA		
Post Office Address:	163 East 81 st St., Apt. 9C, New York, New York 10028		

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Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	John L.	Family Name or Surname	White
Inventor's Signature:		Date of Signature:	10-24-03
Residence: (City, State, Country)	Bartlett, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	8017 Sandywood Lane, Bartlett, TN 38133		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			

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DECLARATION**Registered Practitioner Information
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
C. David Emhardt	18,483	David A. Warmbold	30,897
Joseph A. Naughton, Jr.	19,814	Noreen C. Johnson	38,929
John V. Moriarty	26,207		
John C. McNett	25,533		
Thomas Q. Henry	28,309		
James M. Durlacher	28,840		
Charles R. Reeves	28,750		
Vincent O. Wagner	29,596		
Steve Zlatos	30,123		
Spiro Bereveskos	30,821		
Clifford W. Browning	32,201		
R. Randall Frisk	32,221		
Daniel J. Lueders	32,581		
Kenneth A. Gandy	33,386		
Timothy N. Thomas	35,714		
Kurt N. Jones	37,996		
John H. Allie	39,088		
Holiday W. Banta	40,311		
Troy J. Cole	35,102		
L. Scott Paynter	39,797		
Charles J. Meyer	41,996		
Matthew R. Schantz	40,800		
Gregory B. Coy	40,967		
Lisa A. Hiday	40,036		
John V. Daniluck	40,581		
Christopher A. Brown	41,642		
Arthur J. Usher IV	41,359		
Douglas A. Collier	43,556		
Brad A. Schepers	45,431		
Scott J. Stevens	29,446		
James B. Myers	42,021		
John M. Bradshaw	46,573		
Charles P. Schmal	45,082		
David E. Novak	P-50,752		
Edward E. Sowers	36,015		
Quentin G. Cantrell	47,469		
John L. Roberts	50,453		
Denise M. Gosnell	P-51,748		
John J. Emanuele	P-51,653		



0040021003426.DAC.258827

(Rev. 08/03)

OMB No. 0651-0027 (exp. 5/31/2002)

Tab settings → → →

RECORDATION FORM COVER SHEET
PATENTS ONLYU.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Frank J. Schwab *10/10/2003

John L. White 10/24/2003

2. Name and address of receiving party(ies)

Name SDGI Holdings, Inc.

Internal Address _____

Street Address 300 Delaware Ave., Suite 508Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other: _____Execution Date: See Above *City Wilmington State DE Zip 19801Additional name(s) & address(es) attached? ☐ Yes ☐ No

4. Application number(s) or registration number(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

10/680,358

A. Patent No.(s)

Additional number(s) attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name Douglas A. CollierInternal Address Woodard, Emhardt, Moriarty, McNett,& Henry LLPStreet Address 111 Monument CircleSuite 3700City Indianapolis State IN ZIP 462046. Total number of applications and patents involved: 1\$ 40.00

7. Total fee (37 CFR 3.41)

☒ Enclosed☐ Authorized to be charged to deposit account

8. Deposit account number:

23-3030

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and Signature.

*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*Douglas A. Collier

Name of Person Signing

Signature

Jan. 7, 2004

Date

Total number of pages including cover sheet, attachments, and document: Mail documents to be recorded with required cover sheet information to:
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P.O. Box 1450, Alexandria, VA 22313-1450
or VIA FACSIMILE (703) 306-5995Insert Fax or Mail Certificate here if
necessary

ASSIGNMENT

WHEREAS, Frank J. Schwab of 163 East 81st Street, Apt. 9c, New York, NY 10028 and John L. White of 8017 Sandywood Lane, Bartlett, TN 38133; hereinafter referred to as Assignors, have made a new and useful Invention in **INSERTION DEVICES AND TECHNIQUES FOR ORTHOPAEDIC IMPLANTS** for which Assignors have made or will make application for Letters Patent of the United States; and

WHEREAS, SDGI Holdings, Inc., hereinafter referred to as Assignee, a corporation of the State of Delaware, having a principal place of business at 300 Delaware Avenue, Suite 508, Wilmington, Delaware 19801, desires to acquire all of the entire right, title, and interest in, to and under said Invention disclosed, described and/or claimed, or intended so to be in said application, and in, to and under said application, and in, to and under any and all Letters Patent, United States and foreign, which may be obtained therefor and thereon;

NOW, THEREFORE, To All Whom It May Concern, be it known that for and in consideration of the sum of One Dollar (\$1.00) and other good, valuable and sufficient considerations to Assignors in hand paid, the receipt of which is hereby acknowledged, Assignors have sold, assigned and transferred, and by these presents do sell, assign and transfer unto Assignee, all of the entire right, title and interest in, to and under said invention disclosed, described and claimed or intended so to be in said application, and in, to and under said application for United States Letters Patent and any and all other applications thereon and arising therefrom, including any and all divisions and continuations thereof, and any and all patents to be issued and obtained therefor and thereon, United States and foreign, including all reissues and extensions thereof.

Assignors hereby authorize and request the firm of Woodard, Emhardt, Moriarty, McNett & Henry LLP of Bank One Center/Tower, 111 Monument Circle, Suite 3700, Indianapolis, IN 46204-5137 to insert here in parentheses (Serial No. 10/680,358
Filed Oct. 7, 2003) the date and serial number of said application when officially known, and Assignors hereby authorize and request the Honorable Commissioner of Patents to issue said Letters Patent to Assignee, its assigns and legal representatives.

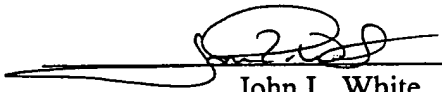
Assignors agree to sign and execute any and all other papers necessary or desirable for the procurement of Letters Patent on said Invention in this and all foreign countries for the use of Assignee.

WITNESS Assignor's hand this 10th day of October, 2003.



Frank L. Schwab

WITNESS Assignor's hand this 24th day of October, 2003.



John L. White

Matter No./Case No. 4002-3426/PC8:9.00

Initials/Date: 44: pea 1/7/04

☒ Patent ☐ Trademark ☐ Copyright

☐ Application # _____ of pages
☒ Check for \$ 130. - + \$40. -

Serial No. 10/680,358

☐ # _____ sheets of drawings

Applicant Frank J. Schwabelat

☒ Declaration & Power of Attorney

Insertion Device and
Techniques for Orthopedic Implants

☒ Assignment & Recordation cover sheet

☐ Information Disclosure Statement

☒ Transmittal Form /PTO Form _____

☒ Fee Transmittal /PTO Form _____

☒ Resp. to Notice to File Missing Parts

☐ Amendment/ Response to Office Action

☒ Notice to File Miss Parts 1.53(b)

☐ Request for Extension of Time

☒ Return Receipt Postcard

☐ Statement of Use

☐ Specimen(s) # _____

RECEIPT OF THE ATTACHED IS HEREBY ACKNOWLEDGED

WOODARD, EMHARDT, MORIARTY,
McNETT & HENRY LLP
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111 MONUMENT CIRCLE, SUITE 3700
INDIANAPOLIS, INDIANA 46204-5137

BANK ONE, INDIANA, NA
INDIANAPOLIS, INDIANA 46277

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111 MONUMENT CIRCLE, SUITE 3700
INDIANAPOLIS, INDIANA 46204-5137

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